

11 OCT 14 PM 3:42

**FEC  
 FORM 3**

**REPORT OF RECEIPTS  
 AND DISBURSEMENTS**  
 For An Authorized Committee

Office Use Only

1. NAME OF  
 COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
 over the lines.

12FE4M5

Donnelly for Indiana

ADDRESS (number and street)

1050 17th St, NW, Ste 590



Check if different  
 than previously  
 reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00393652

3. IS THIS  
 REPORT



NEW  
 (N)

OR



AMENDED  
 (A)

IN

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
 State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
 State of

5. Covering Period

M M /

D D /

Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathy Davis

Signature of Treasurer

Kathy Davis

Date

M M /

D D /

Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
 Use  
 Only

**FEC FORM 3**  
 (Revised 02/2003)